


ARKANSAS MOTOR VEHICLE CRASH REPORT

Report # _____ Unit Assigned _____ Premises _____ Lat/Long _____ District _____


Mo/Day/Yr	Day of Week	Time Of Crash <input type="checkbox"/> AM <input type="checkbox"/> PM	No. Of Vehicles	Time Notified <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM	Hit & Run <input type="checkbox"/> Yes <input type="checkbox"/> No	Direction Of Travel V# _____ V# _____	Official Use Only
County		City		Not In City, But _____ Of _____ Distance _____ Direction _____ City Limits _____		Speed Limit		
Road / Street / Highway				Section	Log Mile	At Intersection With		Posted <input type="checkbox"/> Yes <input type="checkbox"/> No
Not At Intersection, But _____ Distance _____				<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Reference Point		

VEHICLE # _____ (PEDESTRIAN # _____)

 **Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow.**

Driver's Name (First/MI/Last Name)				Inj. Code	
Address			SafetyEquip	Air Bag	Eject
City		State	Zip Code		
Additional Information					
DOB	Race	Sex	Driver's License State	Class _____	
# _____			End. _____		
Test Blood Req <input type="checkbox"/>	Breath <input type="checkbox"/>	Urine <input type="checkbox"/>	Toxicology <input type="checkbox"/>	None Req. <input type="checkbox"/>	
Results: _____					
Vehicle Owner's Name (First/MI/Last Name)					
Address					
City		State	Zip Code		
Vehicle Description		Year _____	Make _____		
Model _____		Body Style _____	Color _____		
Vehicle Identification Number			Estimated Damage		
Vehicle License Plate <input type="checkbox"/> None					
Year _____		State _____	Number _____		
Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	# Of Units	Reg. State	Plate #		
Prior Vehicle Damage? If Yes, Describe Damage & Location <input type="checkbox"/> Yes <input type="checkbox"/> No					
Vehicle Damage As Result Of Crash <input type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage					
Towed? Name of Tow Service <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address Vehicle Removed To					
City		State	Zip Code		
Additional Information					
Insurance Company			Policy #		
EMS Notified _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Transported By					
EMS Arrived _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
<input type="checkbox"/> No Injury/Transport					
Injured Transported To (Hospital Name/City/State)					

VEHICLE # _____ (PEDESTRIAN # _____)

 **Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow.**

Driver's Name (First/MI/Last Name)				Inj. Code	
Address			SafetyEquip	Air Bag	Eject
City		State	Zip Code		
Additional Information					
DOB	Race	Sex	Driver's License State	Class _____	
# _____			End. _____		
Test Blood Req <input type="checkbox"/>	Breath <input type="checkbox"/>	Urine <input type="checkbox"/>	Toxicology <input type="checkbox"/>	None Req. <input type="checkbox"/>	
Results: _____					
Vehicle Owner's Name (First/MI/Last Name)					
Address					
City		State	Zip Code		
Vehicle Description		Year _____	Make _____		
Model _____		Body Style _____	Color _____		
Vehicle Identification Number			Estimated Damage		
Vehicle License Plate <input type="checkbox"/> None					
Year _____		State _____	Number _____		
Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	# Of Units	Reg. State	Plate #		
Prior Vehicle Damage? If Yes, Describe Damage & Location <input type="checkbox"/> Yes <input type="checkbox"/> No					
Vehicle Damage As Result Of Crash <input type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage					
Towed? Name of Tow Service <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address Vehicle Removed To					
City		State	Zip Code		
Additional Information					
Insurance Company			Policy #		
EMS Notified _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Transported By					
EMS Arrived _____ <input type="checkbox"/> AM <input type="checkbox"/> PM					
<input type="checkbox"/> No Injury/Transport					
Injured Transported To (Hospital Name/City/State)					

ATMOSPHERIC CONDITIONS 0 Clear 4 Fog 8 Dust 1 Rain 5 High Winds 9 Mist 2 Sleet 6 Smoke 98 Other 3 Snow 7 Smog 99 Unknown										RELATION TO JUNCTION 0 Non-Junction 4 Alley 8 Crossover Lane 1 Intersection 5 Exit Lane 98 Other 2 Intersection Related 6 Entrance Lane 99 Unknown 3 Driveway 7 R.R. Crossing												
LIGHT CONDITIONS 1 Daylight 3 Dawn 5 Dark /But Lighted 98 Other 2 Dark 4 Dusk 6 Dark /Light Not Functional 99 Unknown					TRAFFIC CONTROLS 0 No Traffic Controls 5 R.R. Crossing W/Gate & Signals 11 Traffic Lanes Marked 1 Flashing Beacon 6 R.R. Crossing W/Flashing Signals Only 12 No Passing Signal 2 Traffic Signal 7 R.R. Crossing W/Crossbuck Only 13 Slow Or Warning Sign 3 Stop Sign 8 School Zone 14 Officer Or Flagman 4 Yield Sign 9 Pedestrian Signal 98 Other 10 Lane Symbols Painted on Roadway 99 Unknown																	
ACCIDENT LOCALE 1 Rural 2 Urban 99 Unknown					TRAFFIC CONTROL DEVICE 0 Device Not Present 1 Device Not Functioning 2 Device Functioning Properly 3 Device Not Functioning Properly																	
ROADWAY SURFACE CONDITION 1 Dry 4 Sand 98 Other 2 Wet 5 Dirt 99 Unknown 3 Ice 6 Oil					TYPE OF COLLISION 0 Single Vehicle / Non Collision With Motor Vehicle In Transport 2 Rear End 4 Sideswipe Same Direction 6 Backing 1 Head On 3 Angle 5 Sideswipe Opp. Direction 98 Other																	
ROAD SYSTEM 1 Interstate 5 City Street 2 U.S. Highway 6 Frontage Road 3 State Highway 7 Ramp 4 County Road 99 Unknown					CONTRIBUTING FACTORS 0 None 11 Improper Right Turn 22 Cutting In 1 Too Fast For Conditions 12 Improper Left Turn 23 Impeding Traffic 2 Failure to Yield 13 Improper Lane Change 24 Improperly Parked 3 Driving Without Lights 14 Improper Passing 25 Crowded Off Road 4 Failure To Dim Headlights 15 Prohibited U Turn 26 Alcohol 5 Disregard Stop Sign 16 Defective Lights 27 Drugs 6 Disregard Yield Sign 17 Defective Brakes 28 Careless/Prohibited Driving 7 Disregard Traffic Signal 18 Other Defective Equipment 29 Crossing Median 8 Wrong Side Of Road 19 Improper Backing 98 Other 9 Wrong Way/One Way Traffic 20 Failure Or Improper Signal 99 Unknown 10 Following Too Close 21 Disregard Officer/Flagman																	
ROAD SURFACE 1 Concrete 3 Gravel 98 Other 2 Asphalt 4 Dirt 99 Unknown					ROAD PROFILE 1 Level 3 Hillcrest 98 Other 2 Grade 4 Sag 99 Unknown																	
ROAD ALIGNMENT 1 Straight 2 Curve					CONSTRUCTION/MAINTENANCE ZONE 1 Yes 2 No																	
TRAFFIC FLOW 1 Not Divided 98 Other 2 Divided By Median - No Barrier 99 Unknown 3 Divided By Perm. Barrier 4 Divided By Temp. Barrier 5 One Way Traffic					VEHICLE ACTION 1 Going Straight 9 Making Right Turn 17 Avoiding Animal 98 Other 2 Negotiating Curve 10 Making Right Turn On Red 18 Avoiding Other Object 99 Unknown 3 Slowing 11 Making Left Turn 19 Passing 4 Stopped In Traffic Lane 12 Making Left Turn On Red 20 Changing Lanes 5 Merging 13 Making U Turn 21 Ran Off Road-Right 6 Enter Parked Position 14 Backing 22 Ran Off Road-Left 7 Exiting Parked Position 15 Avoiding Vehicle 23 Crossing Median 8 Parked 16 Avoiding Pedestrian																	
NUMBER OF TRAFFIC LANES 1. 1 3. 3 5. 5 7. 7 2. 2 4. 4 6. 6 8. 8					FIRST HARMFUL EVENT COLLISION WITH / NON COLLISION 1 Pedestrian 9 Unknown Obj. Not Fixed 17 Utility Pole 25 Concrete Barrier 2 Pedacycle 10 Overturned 18 Fence or Fence Post 26 Culvert/Ditch 3 Train 11 Fire 19 Guard Rail or Post 27 Bridge Rail 4 MV in Transport 12 Immersion 20 Bridge or Underpass 28 Other Fixed Object 5 MV In Other Roadway 13 Fell From Vehicle 21 Sign/Traffic Signal 6 Parked Vehicle 14 Jackknife 22 Impact Cushion Device 98 Other 7 Animal 15 Bank or Ledge 23 House/Building 99 Unknown 8 Other Object Not Fixed 16 Tree(s) 24 Light/Luminary Pole																	
ROADWAY DEFECTS 0 No Defects 6 Bumps 1 Obstruction Warning 7 Defective Shoulder 2 Obstruction No Warning 8 No Markings 3 Loose Materials On Surface 9 Reduced Width 4 Holes 98 Other 5 Ruts 99 Unknown					FIRST HARMFUL EVENT LOCATION 1 On Roadway 3 Median 5 Outside Traffic Way 2 Shoulder 4 Roadside 99 Unknown																	
DRIVER DISTRACTION 0 Not Distracted 1 Electronic Communication Device (cell phone, pager, etc.) 2 Other Electronic Device (navigation device, palm pilot, etc.) 3 Other Inside the Vehicle 4 Other Outside the Vehicle 99 Unknown					DRIVER VISION OBSCURED 0 Not Obscured 5 Building 11 Dirty Windshield 2 Fog 6 Billboard 12 Obscured By Vehicle Load 3 Sunlight 7 Trees/Shrub/ Etc 13 Hillcrest 4 Headlights 8 Parked Vehicle(s) 98 Other 9 Moving Vehicle(s) 99 Unknown 10 Broken Windshield																	
OCCUPANCY 0 Non-Motorist 1-999 Vehicle Number of Occupant					VEHICLE DEFECTS 0 No Defects 3 Defective Steering 6 Windshield/Mirrors 1 Defective Lights 4 Worn/Slick Tires 98 Other 2 Defective Brakes 5 Motor Trouble 99 Unknown																	
POSITION IN/ON VEH 10 X 2 3 4 5 6 7 8 9 10 10 Riding Or Hanging Outside 11 Bed Of Pickup 12 Trailing Unit 13 Sleeper Section 98 Other Enclosed 99 Unknown					PEDESTRIAN ACTION/LOCATION 1 Crossing At Intersection With Signal 13 Waling On Roadway With Traffic/ 2 Crossing At Intersection Against Sidewalks Not Available Signal 14 Walking On Roadway Against Traffic/ Sidewalks Available 3 Crossing At Intersection No Signal 15 Walking On Roadway Against Traffic/ Sidewalks Not Available 4 Crossing At Intersection Diagonally 16 Working In Roadway 5 Crossing Not At Intersection/Rural 17 Standing In Roadway 6 Crossing Not at Intersection/Urban 18 Not In Roadway 7 Coming from Behind Parked Car 8 Unloading/Loading on School Bus 9 Playing in Roadway 10 Unloading/Loading on Other 98 Other 11 Lying in Roadway 99 Unknown 12 Walking on Roadway with Traffic/ Sidewalks Available																	
SAFETY EQUIPMENT USED 0 None Used 7 Helmet 1 Shoulder Belt 8 Helmet W/Face shield 2 Lap Belt 9 Eye Protection 3 Lap & Shoulder Belt 98 Other 4 Child Restraint 99 Unknown					CONDITION OF DRIVERS AND PED 1 Appeared Normal 98 Other 2 Illness 99 Unknown 3 Fatigue 4 Fell Asleep 5 Physical Disability / Disease/Disorder 6 Mental Disability / Disease/Disorder 7 Defective Sight 8 Defective Hearing 9 Seizure / Blackout																	
AIR BAG 0 Not Applicable 5 Deployed Air Bag 6 No Air Bag Deployment					ALCOHOL/DRUGS IMPAIRMENT 1 None 3 Not Impaired 2 Impaired 4 Unknown																	
EJECTION FROM VEHICLE 0 Not Ejected 1 Totally Ejected 2 Partially Ejected 99 Unknown					PASSENGER/PEDESTRIAN Race Sex Age																	
23 Name Of Passenger(s)/Pedestrian(s) Address, City, State, Zip Code																						

V1

V2

V1

V2

V1

V2

V1

V2

V1

V2

V1

V2

V1

V2

V1

V2

Ped

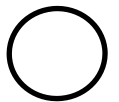
V1

V2

Ped

Check this box if diagram depicted is from driver/witness statements and/or vehicles were moved prior to investigators arrival.

Sample



Indicate North by Arrow

COMPLETE THIS REPORT FOR EACH OF THE FOLLOWING INVOLVED VEHICLES:

1. **Any** truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways,
2. **Any** motor vehicle with seats to transport nine (9) or more people, including the driver's seat,
3. **Any** vehicle displaying a hazardous materials placard (regardless of weight).

AND THIS CRASH INCLUDES:










at least one motor vehicle in-transport operating on a trafficway open to the public, which results in:

A FATALITY: Any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, **OR**
















AN INJURY: Any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, **OR**

A TOW-AWAY: Any motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

Vehicle Configuration

Bus - (9-15 Seats Including Driver) 	Truck Tractor (Bobtail) 
Bus - (16 or More Seats Including Driver) 	Tractor/Semi Trailer (one trailer) 
Single-Unit (2 axles, 6 tires) 	Truck Tractor/Double (two trailers) 
Single-Unit (3 or more axles) 	Truck Tractor/Triples (three trailers) 
Truck/Trailer (Single-Unit Truck pulling a trailer) 	

Cargo Body Type

Bus - (9-15 Seats Including Driver) 	Dump 	Pole 
Bus - (16 or More Seats Including Driver) 	Concrete Mixer 	Log 
Van/Enclosed Box 	Auto Transporter 	Intermodal Chassis 
Cargo Tank 	Garbage/Refuse 	Vehicle Towing Vehicle 
Flat Bed 	Grain, Chips, Gravel 	No Cargo Body 

State of Arkansas Truck and Bus Crash Report

General Instructions - Complete this form for **EACH** qualifying vehicle if the crash meets the criteria on the previous page.

Check all that apply:	Qualifying Information
This form is being completed because this vehicle is: <input type="checkbox"/> A truck or truck combination > 10,000 lbs. GVWR/GCWR <input type="checkbox"/> A bus with seats for 9 or more persons, including driver <input type="checkbox"/> A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs. or less)	Number of: Total involved vehicles in the crash: _____ Persons sustaining fatal injuries: _____ Injured persons transported for immediate medical treatment: _____ Vehicles towed from scene due to disabling damage : _____

At the Time of the Crash, THIS Vehicle was:
 Operating on a Trafficway open to the public (In-Transport) Parked on or off the Trafficway

Vehicle Information

Vehicle Configuration: ____ (enter one code from below) 1 Passenger Car (only if vehicle has Hazardous Materials Placard) 2 Light Truck (only if vehicle has Hazardous Materials Placard) 3 Bus (seats for 9-15 people, including driver) 4 Bus (seats for 16 people or more, including driver) 5 Single-Unit Truck (2 axles, 6 tires) 6 Single-Unit Truck (3 or more axles) 7 Truck/Trailer(s) [Single-Unit Truck with Trailer(s)] 8 Truck/Tractor (without trailer, bobtail or saddlemount) 9 Tractor/Semi-Trailer (one trailer) 10 Tractor/Doubles (two trailers) 11 Tractor/Triples (three trailers) 99 Other Truck >10,000 lbs. (not listed above)	Cargo Body Type: ____ (enter one code from below) 0 Not Applicable/No Cargo Body 1 Bus (seats for 9-15 people, including driver) 2 Bus (seats for 16 people or more, including driver) 3 Van/Enclosed Box 4 Cargo Tank 5 Flatbed 6 Dump 7 Concrete Mixer 8 Auto Transporter 9 Garbage/Refuse 10 Grain, Chips, Gravel 11 Pole 12 Vehicle Towing Another Motor Vehicle 13 Intermodal Chassis 14 Logging 98 Other Cargo Body (not listed above)
GVWR/GCWR (use GCWR for truck combinations): ____ 1 10,000 lbs. or Less 2 10,001 – 26,000 lbs. 3 Greater than 26,000 lbs.	Hazardous Materials Involvement: Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: ____ HM Class # from bottom of diamond: ____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> YES <input type="checkbox"/> NO

Bus Use: ____

0 Not a Bus	3 Intercity
1 School (Public or Private)	4 Charter
2 Transit	5 Other

Motor Carrier Information

Check One: Interstate Carrier Intrastate Carrier Not In Commerce-Government Not In Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)

Carrier Name: _____
 Carrier Street Address (P.O. Box only if no street address): _____
 City/State/Zip: _____ Phone #: _____
 Carrier Identification Number(s): NONE USDOT# _____ MC/MX# _____ State# _____

Sequence of Events

Note: For **THIS** vehicle - list up to four: Event 1 ____ Event 2 ____ Event 3 ____ Event 4 ____

Non-Collision 1 Ran Off Road 2 Jackknife 3 Overturn (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units	Non-Collision (cont.) 8 Cross Median/Centerline 9 Equipment Failure (tire, brakes, steering, etc.) 10 Non-Collision, Other 11 Non-Collision, Unknown Collision Involving/With 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle	Collision Involving/With (cont.) 15 Train 16 Pedicycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other (Describe) _____
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Officer Signature	Officer Badge #	Reporting Agency	Date of Report
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